

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **09/981,239**
APPLICANT(S)

FILING DATE **10/18/01**

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	1					
TOTAL DEP.	30					
TOTAL CLAIMS	31					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
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TOTAL IND.												
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TOTAL CLAIMS												

CLAIMS ONLY

SERIAL NO.

09981239

FILING DATE

10-18-0

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
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TOTAL IND.	1					
TOTAL DEP.	30					
TOTAL CLAIMS	31					

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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS